

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A. Bone</i>	<i>19</i>	<i>08/16-01</i>
O.I.P.E. CLASSIFIER			<i>8/22</i>
FORMALITY REVIEW	<i>ck</i>	<i>1109</i>	<i>9-14-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>10/15/01</i>
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If more than 150 claims or 10 actions  
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